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CONFIRMATION NO. 8515

<b>SERIAL NUMBER</b> 10/696,706	<b>FILING OR 371(c) DATE</b> 10/29/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> MPI99-283P1RCN1M
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/635,521 08/09/2000 ABN which claims benefit of 60/199,908 04/26/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <u>ca</u>				

## ADDRESS

30405

## TITLE

Methods and compositions for the diagnosis and treatment of cardiovascular and tumorigenic disease using 4941

<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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